

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039129

STATE FILE NUMBER

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 515

DO NOT WRITE  
ON THIS STUB

AMENDED

OCT 22 1962

## 1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Johlin mo.

Length of stay in lb

6 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Maddox Nursing Home

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

mo.

b. COUNTY

Jasper

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Webb City

d. STREET ADDRESS

(If outside, give location)

509 n. Ball

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

Elveretta Jane Abel

4. DATE OF DEATH

Month

Day

Year

10

12

62

## 5. SEX

Female

## 6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

Jan 26 1883

## 9. AGE (last birthday)

79

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

## 10b. KIND OF BUSINESS OR INDUSTRY

own Home

## 11. BIRTHPLACE (City and state or country)

Boston County mo.

## 12. CITIZEN OF WHAT COUNTRY

U S A

## 13a. FATHER'S NAME

James Millard

## 13b. MOTHER'S NAME

Mary E Millard

## 14. NAME OF HUSBAND OR WIFE

Mrs O H Hall

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give w/ or dates of service)

X

## 16. SOCIAL SECURITY NO.

mo O H Hall

## 17. INFORMANT

St E mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

## INTERVAL BETWEEN ONSET AND DEATH

5 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertrophic cardiomyopathy, Generalized

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from Feb 23, 1954, to 10-12-62 and last saw her alive on 10-12-62

Death occurred at 4 A m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

James E. Koresen MD

## 22b. ADDRESS

304 Medical Arts Bldg Jasper mo.

## 22c. DATE SIGNED

10-15-62

## 23a. BURIAL CREMATORY, REMOVAL (Specify)

Burial

## 23b. DATE

10-16-62

## 23c. NAME OF CEMETERY OR CREMATORY

Mt Hope Cemetery

## 23d. LOCATION (City, town, or county)

Webb City mo.

## (State)

## 24. FUNERAL DIRECTOR

James E. Koresen

## ADDRESS

Carter Sts Kansas

## 25. DATE RECD. BY LOCAL REG.

10-16-1962

## 26. REGISTRAR'S SIGNATURE

Dore Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Wene Funeral Home, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J Lane Wene

Licensed Embalmer No. 2880

P. O. Address Box 1000, Springfield, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.